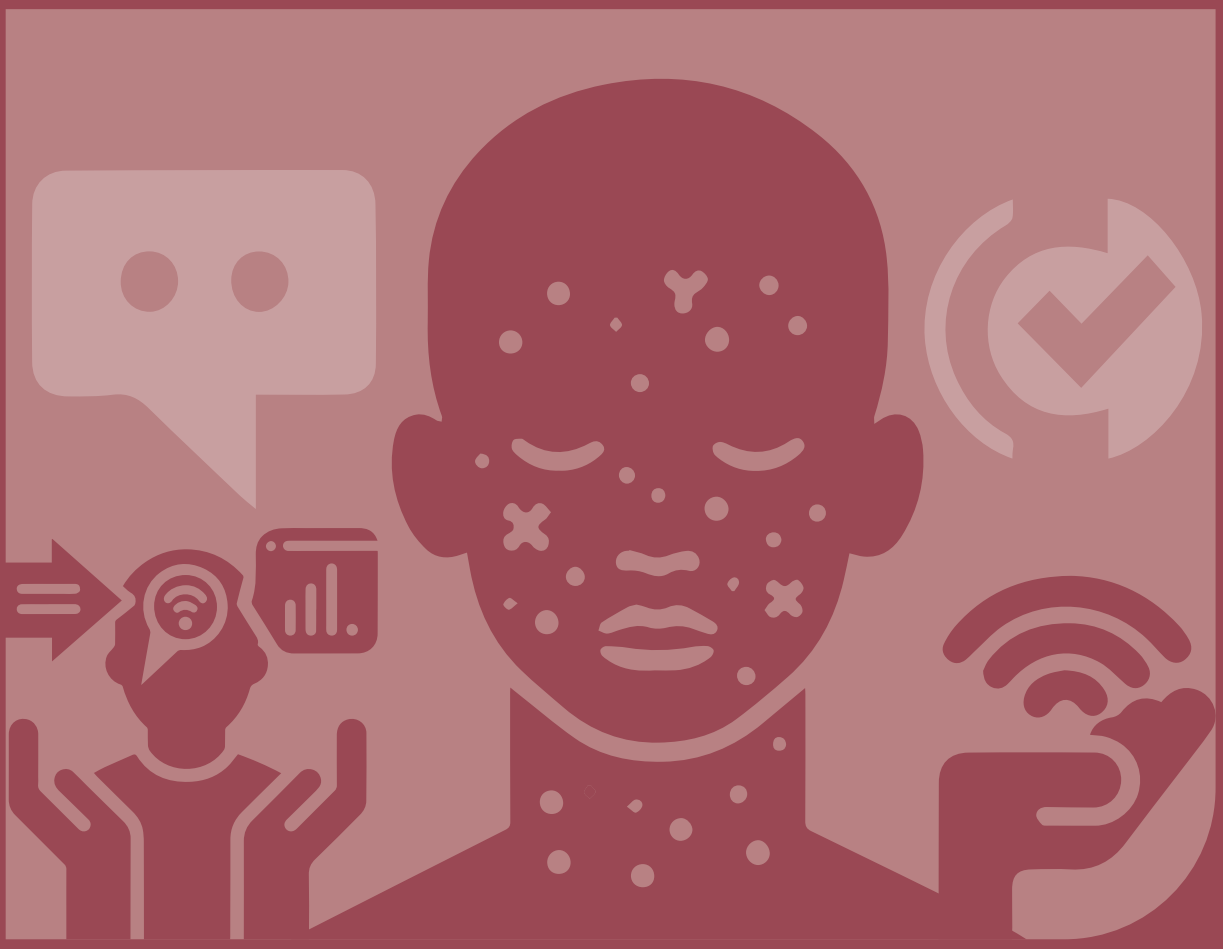
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Mpox Risk Communications Guide



Regional Programme Support to Pandemic Prevention in the ECOWAS Region (RPPP)

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November 2024

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Abbreviations

ACAM2000	Smallpox (vaccinia) vaccine, live
ART	Antiretroviral Therapy
CDC	Centers for Disease Control and Prevention
CSOs	Civil Society Organisations
EOC	Emergency Operations Centre
FDA	Food and Drug Administration
HIV	Human Immunodeficiency Virus
IDPs	Internally Displaced Persons
JYNNEOS	Smallpox and Mpox vaccine, live, nonreplicating
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, and other diverse gender identities
MSM	Men who have sex with men
MPX	Mpox (formerly known as Monkeypox)
MPXV	Mpox Virus
NGOs	NonGovernmental Organisations
OPXV	Orthopoxvirus
PCR	Polymerase Chain Reaction
PEP	Post-Exposure Prophylaxis
PHECS	Public Health Emergency of Continental Security
PHEIC	Public Health Emergency of International Concern
PPE	Personal Protective Equipment
PrEP	Pre-Exposure Prophylaxis
RCCE	Risk Communication and Community Engagement
RSCDC	Regional Centre for Surveillance and Disease Control
SOP	Standard Operating Procedure
TPOXX	Tecovirimat, an antiviral medication for Mpox
VACV	Vaccinia Virus
VV	Vaccinia Virus
WHO	World Health Organization

Key terms and definitions

Mpox (MPX)	Formerly known as Monkeypox, is a rare zoonotic viral disease caused by the monkeypox virus (MPXV) that occurs primarily in Central and West African countries. As of 2022, cases of MPX were reported outside of Africa necessitating the declaration of a Public Health Emergency of International Concern (PHEIC) by WHO in July 2022 and declared over in May 2023. In August 2024, Africa Centres for Disease Control and Prevention (Africa CDC) declared the mpox outbreak a Public Health Emergency of Continental Security (PHECS). Subsequently, WHO declared mpox a PHEIC.
Transmission/ acquisition of MPX	It is transmitted/acquired by humans through direct contact with infected animals or humans. It can spread directly between people, mainly through close contact, and occasionally indirectly from the environment to people via objects and surfaces that have been touched by a person with MPX. In settings where the virus is present among some wild animals, it can also be transmitted from infected animals to people who have contact with them. In previous outbreaks (before 2022), infection was detected following direct contact with infected animals or after travels to areas affected by MPX, such as the African continent. In 2022, with few exceptions, the cases have been detected after human-to-human sexual contact, no travel-related and without connection with exotic pets
Viral Zoonosis	A viral zoonosis is an infectious disease that can be transmitted from animals to humans. MPX is an example of a viral zoonosis.
Incubation Period	The incubation period is the time between exposure to the virus and the onset of symptoms. For MPX, the incubation period is usually 6-13 days but can range from 5-21 days.
Suspected case	Any person of any age presenting with acute rash or any acute skin lesion accompanied by one or more of: headache, acute fever (38.5°C), lymphadenopathy (swollen lymph nodes), myalgia, back pain and general body weakness and/or any unexplained papular/vesicular rash.
Probable case	Any individual classified as a suspected case, with an epidemiological link to a confirmed case, direct physical contact with skin lesions or contaminated materials, had multiple sexual partners 21 days before onset of symptom, has detectable levels of antiorthopoxvirus (OPXV) IgM antibody b (during the period of 4 to 56 days after rash onset); or a four-fold rise in IgG antibody titre based on acute (up to day 5-7) and convalescent (day 21 onwards) samples; in the absence of a recent smallpox/ monkeypox vaccination or other known exposure to OPXV, has a positive test result for orthopoxviral infection (e.g., OPXV-specific polymerase chain reaction (PCR) without MPXV-specific PCR or sequencing).
Confirmed case	A laboratory confirmed case detected using real time PCR and/or sequencing.
Rash	A common symptom of MPX characterized by red spots, which evolve into raised bumps filled with fluid or pus. The rash typically begins on the face and then spreads to other parts of the body.

Lymphadenopathy	Lymphadenopathy is the swelling of lymph nodes, often found in the neck, armpits, and groin, and is a key symptom of MPX.
Diagnosis	The identification of the nature of mpox by examination of the symptoms (clinical) or through tests (laboratory). a. *Clinical* - Criteria used in the diagnosis of MPX are the occurrence of (1) typical mucosal and/or skin lesions combined with (2) systemic symptoms and/or (3) potential contact to an MPX-infected individual in the last few weeks. *b. Laboratory* - The preferred laboratory diagnostic test for MPX is real-time or conventional PCR with high sensitivity and accuracy. Currently, PCR kits for MPXV detection are being rapidly and continuously developed. So far, laboratory tests based on the detection of antigens and antibodies do not provide accurate diagnostic confirmation of MPX since OPXV present a relevant serological cross-reactivity. Moreover, previous or recent immunisation with vaccines based on vaccinia can also elicit false positives. For these reasons, tests for serology and antigen detection are not recommended for the diagnosis of MPX
Vaccinia	The vaccinia virus (VACV or VV) is a large, complex, enveloped virus belonging to the poxvirus family. The vaccinia virus is the source of the modern smallpox vaccine, which the World Health Organization (WHO) used to eradicate smallpox in a global vaccination campaign in 1958–1977. Although smallpox no longer exists in the wild, vaccinia virus is still studied widely by scientists as a tool for gene therapy and genetic engineering.
Samples	Samples from skin lesions are the most optimal for PCR testing in the diagnosis of MPX. Samples should be taken with swabs from vesicles, pustules (from fluid or roof), or dry crusts, collected in different tubes. It is advised to collect samples from at least three skin lesions at different locations. Biopsies might also be considered. Besides samples from skin lesions, swabs from the oropharynx might also be collected. In this case, a negative PCR result with this type of sample should be taken with precaution and further testing of skin lesions would be necessary. Blood samples are considered unsuitable for PCR in the diagnostic testing of MPX since viremia is limited in time concerning sample collection after the onset of symptoms. In addition to samples for di-agnostic testing, other specimens at different body locations might be collected for research purposes. In that context, studies have shown that MXPV can be detected in saliva, semen, urine, and faeces
Antiviral Medication	Antiviral medications are drugs used to treat viral infections. In the case of MPX, Tecovirimat (TPOXX) is often used.
Personal Protective Equipment (PPE)	PPE includes gloves, masks, gowns, and eye protection used to prevent the transmission of MPX, especially by healthcare workers.
Isolation	Isolation is the separation of infected individuals from those who are healthy to prevent the spread of disease. MPX patients are often isolated until they are no longer infectious.
Contact Tracing	Contact tracing involves identifying and monitoring individuals who have been in close contact with an infected person to prevent further spread of MPX.

Vaccination	Vaccination involves administering a vaccine to prevent disease. The smallpox vaccine (JYNNEOS or ACAM2000) is often used to protect against MPX due to the similarity between the viruses. Vaccination with these currently available smallpox vaccines is recommended for high-risk groups, health care workers, and close contacts. While smallpox vaccination offers good protection against monkeypox, the duration of protection is unknown, and infection occurs in vaccinated individuals. a. ***Jynneos*** (smallpox and mpox vaccine, live, nonreplicating) is a live, attenuated vaccine that is safe for patients who are immunocompromised. It is a third-generation smallpox vaccine approved for both smallpox and mpox and used widely during MPX response. b. ***ACAM2000*** (smallpox [vaccinia] vaccine, live) is a live vaccinia virus vaccine that should be given only to immunocompetent, nonpregnant people and should be avoided in those with skin conditions such as atopic dermatitis.
Outbreak Response	Outbreak response refers to the strategies and actions taken to control and mitigate the impact of a disease outbreak, including surveillance, case investigation, and public communication.
Stigma	Stigma refers to the negative social perceptions and discrimination against individuals affected by Mpox, which can hinder disease control efforts.
MSM	MSM is a category commonly used in public health to represent a range of behaviours and identities that involve male-male sexual intercourse. Coming from the HIV literature of the 1990s, MSM is a term that emphasises how behaviours, rather than identities, place individuals at risk of HIV infection. While useful, this category masks the wide range of terms (gay, bisexual, or other culturally specific designations) and variations in sexual behaviour. The use of the term MSM in the MPX outbreak may similarly mask these differences. For example, although transgender people may be at risk of MPX, those who do not identify as male would not fit the MSM category – and therefore would not be characterised as an at-risk group. It is important to ensure that RCCE does not equate MSM only to cisgender men. Communication and messaging about MPX should emphasise risk behaviours.
Complications	Possible complications of mpox include anogenital pain, bacterial superinfections of skin lesions, dehydration secondary to oral lesions, encephalitis, and respiratory distress. Generally, MPX is a self-limited disease usually lasting between 2 and 4 weeks. However, more severe complications have been reported, including secondary infections, proctitis, tonsillitis, bronchopneumonia, sepsis, bacterial cellulitis, and infection of the cornea (keratitis) with ensuing loss of vision. The complications are usually related to the extent of virus exposure and patient health status, generally affecting children, pregnant women, and immunocompromised patients.
Severe mpox	Pregnant women and individuals who are immunocompromised, including those with untreated HIV, are at a higher risk of severe MPX outcomes. MSM are more vulnerable to HIV and in some contexts may be unable to adhere to antiretroviral therapy (ART). Therefore, it is crucial that lesbian, gay, bisexual, transgender, queer or questioning, and other diverse gender identities (LGBTQ+) organisations and HIV service providers provide targeted messaging about untreated (versus treated) HIV and monkeypox severity.

Mpox-Chicken pox co-infection	Some patients who have acquired MPX have also been diagnosed with chicken pox caused by varicella zoster virus. In patients where these have occurred, it has been associated with severe MPX disease. It is unknown whether this is simply caused by cocirculation of both viruses, or whether there is any common pathogenesis.
Treatment of MPX	Many years of research on therapeutics for smallpox have led to the development of products that may also be useful for treating mpox. For example, an antiviral developed to treat smallpox (tecovirimat) was approved in January 2022 by the European Medicines Agency for the treatment of mpox under exceptional circumstances. Experience with these therapeutics in the context of an outbreak of mpox is growing but still limited. For this reason, their use is usually accompanied by enrolment in a clinical trial or expanded access protocol accompanied by the collection of information that will improve knowledge on how best to use them in future. Treatment with tecovirimat is recommended for pregnant and breast-feeding women with monkeypox. In animal studies, this drug is not embryotoxic or teratogenic, and it is excreted into breast milk but studies in humans are ongoing.
Harm reduction approach	Harm reduction is a strategy directed toward individuals or groups that aims to reduce the harms associated with certain high-risk behaviours. Such an approach recognises that sexual encounters will continue, but it equips people with the knowledge they need to prevent MPX, identify symptoms, and access care. This might include sharing information that emphasises how to safely and without judgment: a. Check for symptoms of monkeypox. b. Encourage people to refrain from sexual encounters until they have sought care, and if infected to refrain until they are well. c. Ask partners about recent symptoms. d. Ask to be contacted by partners if they become unwell or are diagnosed. e. Ask for partner contacts (when/if it is safe to do so), to ensure contact is possible in case of MPX diagnosis.

1

Overview

1.1 What s Mpox?

Mpox, previously known as monkeypox, is a viral illness caused by the monkeypox virus (MPXV). It can be acquired directly between people, mainly through close contact, and occasionally indirectly from the environment to people via objects and surfaces that have been touched by a person with mpox[1] .

In settings where the virus is present among some wild animals, it can also be transmitted from infected animals to people who have contact with them. Most people fully recover from mpox, with symptoms lasting from 2 to 4 weeks, but some get very sick. Children, pregnant people and people with weak immune systems (such as people living with HIV who are not taking antiretroviral treatment or have advanced HIV disease) are at risk for complications and severe mpox.

1.2 Transmission

Anyone can get mpox. Mpox is transmitted to humans through close contact with a person with mpox, an infected animal, or with material contaminated with the virus. Specifically, mpox can be transmitted:

- from person to person
- from infected animals, when hunting, skinning, or cooking them
- from contaminated materials, such as sheets, towels, clothes or needles, or
- newborn during or after birth.

Person-to-person transmission of mpox can occur through direct contact with infectious skin or other lesions such as in the mouth or on genitals; this includes contact which is:

- face-to-face (talking or breathing while close to someone with mpox)
- skin-to-skin (touching or vaginal/anal sex)
- mouth-to-mouth (kissing)
- mouth-to-skin contact (kissing or oral sex)

The virus may enter the body through broken skin, mucosal surfaces (e.g. mouth, throat, eyes, genital, rectal), or via the respiratory tract (e.g. nose, mouth, throat) either by direct contact with respiratory secretions or through the air when close to someone with mpox. Mpox can spread to other members of the household or community.

Mpox can spread through sexual contact, and people with multiple sexual partners are at higher risk of acquiring mpox.

People can contract mpox from contaminated objects (called fomites) such



1 As of October 2024, monkeypox has been reported from 15 Africa Union (AU) Member States: Burundi, Cameroon, Central African Republic, Congo, Côte d'Ivoire, Democratic Republic of Congo, Gabon, Guinea, Kenya, Liberia, Morocco, Nigeria, Rwanda, South Africa, and Uganda.

as clothing or linens, through needles and sharps injuries in health care, or in community settings such as tattoo parlours.

Animal-to-human transmission of mpox occurs from infected animals to humans from bites or scratches, or during activities such as hunting, skinning, trapping, cooking, playing with carcasses, or eating animals. The extent of viral circulation among wild animals is not entirely known as the natural reservoir for the virus remains unknown; further studies are underway.

1.3 Symptoms

Mpox causes signs and symptoms which usually begin within a week but can start 1–21 days after exposure. Symptoms typically last 2–4 weeks but may last longer in someone with a weakened immune system. Common symptoms of mpox include a rash which may last for 2–4 weeks. This may start with, or be followed by:

- fever
- sore throat
- headache
- muscle aches
- back pain
- low energy, and
- swollen glands (lymph nodes).

The rash usually begins as a flat sore which develops into a blister filled with liquid and may be itchy or painful. As the rash heals, the lesions dry up, crust over and fall off. Some people may have one or a few skin lesions and others have hundreds or more. These can appear anywhere on the body such as the:

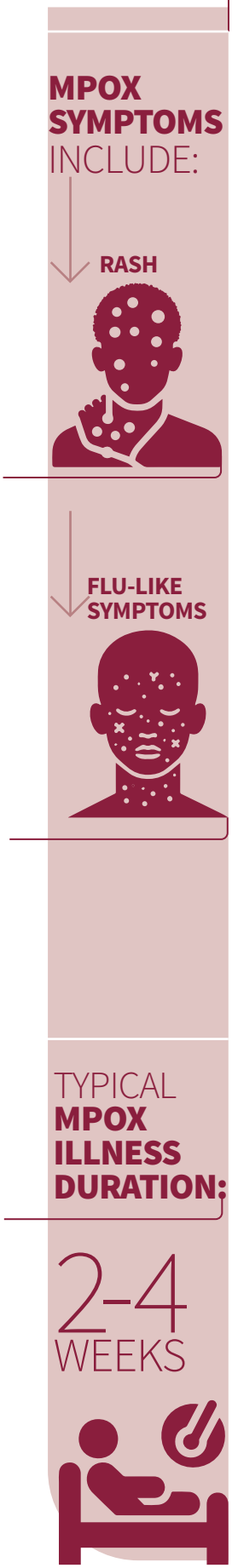
- palms of hands and soles of feet,
- face, mouth and throat,
- groin and genital areas, and/or anus.

Typically for mpox, fever, muscle aches and sore throat appear first. The mpox rash may begin on the face and spread over the body, extending to the palms of the hands and soles of the feet and evolving over 2-4 weeks in stages. Lesions become umbilicated, which means raised bumps with a dip in the centre, before crusting over. Scabs then fall off.

The mpox rash can alternatively begin in the genital area, and this is often the case when transmission is through sexual contact, or at another point of inoculation such as from a contaminated needle. People with mpox are infectious and can pass the disease on to others until all sores have healed and a new layer of skin has formed.

Swollen lymph nodes (lymphadenopathy) are a classic feature of mpox. Some people can be infected without developing any symptoms.

While most people will fully recover within several weeks some people can become very sick.



1.4 Who Is at Risk?

Groups that may be at higher risk of mpox include babies, young children and immunosuppressed people, including people with untreated HIV and advanced HIV disease. These groups can develop severe mpox and resulting in death. In addition, the following groups are equally at risk:

- family or members of the household of someone who has mpox, including children
- health and care workers at risk of exposure
- people with multiple sex partners, including men who have sex with men
- sex workers of any gender and their clients in endemic areas,
- persons in contact with wild animals or preparing meat (e.g., hunters, wild animal traders etc.)
- People who have been in close contact with someone with mpox or in contact with clothing, bedding, towels, objects, electronics and other surfaces that have been touched by someone with mpox are also at risk, as are people in close contact with infected animals (including the animal's blood and other bodily fluids) and hunters (where this occurs in endemic areas).

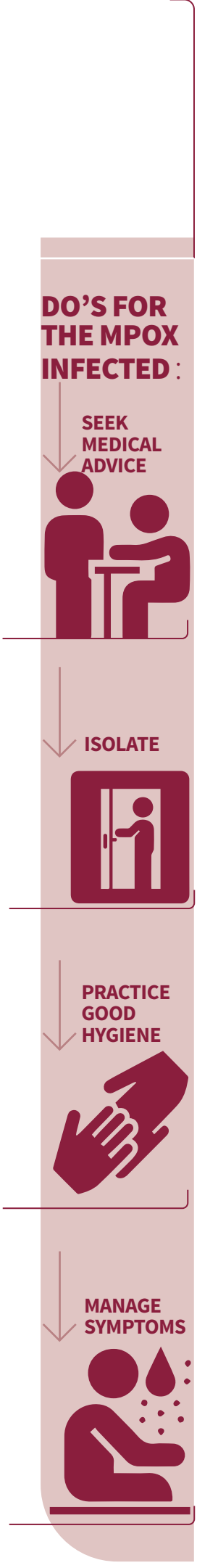
1.5 Complications

Affected skin can become secondarily infected with bacteria leading to abscesses or serious skin damage. Lesions can spread and join up or cause severe swelling or loss of skin. Other complications include pneumonia, corneal infection with loss of vision; pain or difficulty swallowing, vomiting and diarrhoea causing severe dehydration or malnutrition; sepsis (infection of the blood with a widespread inflammatory response in the body), inflammation of the brain (encephalitis), heart (myocarditis), rectum (proctitis), genital organs (balanitis) or urinary passages (urethritis), or death.

1.6 DOs - If You Think You Might Have Mpox

- Contact your local health care provider for advice
- Self-isolate in your own room (or house) if possible and open windows
- In households with multiple persons and kids at risk, seeking medical care early is critical to keep everyone safe
- Wash hands often with soap and water or hand sanitiser, especially before or after touching sores
- Wear a medical mask and cover lesions when around other people until your rash heals
- Keep skin dry and uncovered (unless in a room with someone else)
- Avoid touching items in shared spaces and disinfect shared spaces frequently
- Use saltwater rinses for sores in the mouth
- Take warm baths with baking soda or Epsom salts for body sores





- Baking soda baths: Add ¼ cup of baking soda to a lukewarm bath and soak for up to 40 minutes. Baking soda can help with itching, irritation, and infections. Before using baking soda on your skin, you should do a skin patch test.
- Epsom salt baths: You can also take warm baths with Epsom salts to help with body sores.

- Take over-the-counter medications for pain, like paracetamol (acetaminophen) or ibuprofen.
- Using condoms during sex will help reduce the risk getting mpox but will not prevent spread from skin-to-skin or mouth-to-skin contact. For people with multiple partners, taking a break from sexual activity with new partners during periods of increased transmission can reduce the risk of getting mpox.

1.7 DON'Ts - If You Think You Might Have Mpox

- Scratch blisters or sores, which can slow healing, spread the rash to other parts of the body, and cause sores to become infected; or
- Shave areas with sores until scabs have healed and you have new skin underneath (this can spread the rash to other parts of the body).

1.8 Treatment

The goal of treating mpox is to take care of the rash, manage pain and prevent complications. Early and supportive care is important to help manage symptoms and avoid further problems. Some antivirals developed to treat smallpox have been used to treat mpox and further studies are underway. Example of medication often used is Tecovirimat (TPOXX).

1.9 Vaccination

Getting an mpox vaccine can help prevent infection. It is recommended for people at high risk for acquiring mpox to get vaccinated to prevent infection with mpox (pre-exposure prophylaxis), especially during an outbreak.

Mpox vaccine can be administered after a person has been in contact with someone who has mpox (post-exposure prophylaxis). In these cases, the vaccine should be given less than 4 days after contact with someone who has mpox (or within 14 days after contact if no symptoms have developed).

Mpox vaccines provide some level of protection against infection and severe disease. After being vaccinated, continue to take care to avoid getting and spreading mpox. This is because it takes several weeks to develop immunity after being vaccinated and because a few people may not respond to vaccination. For those who acquire mpox after vaccination, the vaccine still protects against severe disease and hospitalisation.

2

Target Audience Segmentation

The audience segmentation (Table 1) is based on the relationship of various groups to the acquisition of mpox based on the current understanding of the chain of transmission of the mpox virus.

Table 1 Audience segmentation

AUDIENCE	EXAMPLE	PRIORITY CONCERN
Primary at-risk populations	Healthcare workers and first responders	• Personal safety • Family Safety • Loss of livelihood • Stigma • Disruption to normal activities • Loss of livelihood
	Men who have sex with men (MSM) community, particularly those with multiple partners	
	Personnel handling viral samples	
	People who have close contact with infected individuals (e.g., family members of infected persons, hospital cleaners)	
	People in contact with wild animwals in East, Central and West Africa	
	Commercial sex workers	
Healthcare providers	Primary care physicians	• Professional responsibilities • Personal safety • Risks to self and family
	Emergency department staff	
	Sexual health clinics	
	Public health workers	
	Community health workers	
Public health stakeholders	Local and state health departments/Ministries of health (national and subnational)	• Resource allocations • Responsibilities • Liabilities and reputation management • Availability of resources • Personal safety
	Public health officials	
	Policy makers	
	Disease surveillance teams	
Community organisations	LGBTQ+ advocacy groups	• Keeping the community informed • Personal safety • Taking part in decision-making • Safety of communities • Representing community needs • Listening to community members
	Sexual health organisations	
	Community centres	
	Religious institutions	
	Civil society organisations (CSOs)	

Table 1 Audience segmentation

AUDIENCE	EXAMPLE	PRIORITY CONCERN
General public	Media and Media consumers	• Access to timely, accurate and consistent information • Misinformation and disinformation management • Safety of communities • Representing community needs • Listening to community members • Keeping the public informed • Personal safety • Taking part in decision-making • Disruption to normal activities (e.g., travel restrictions, quarantines/isolation)
	Local communities	
	Travelers	
	Educational institutions – universities and schools	
Special consideration groups	People with compromised immune systems	• Personal safety • Safety of communities • Liabilities and reputation management • Coordinating with other response organisations
	Pregnant women	
	Children in settings where cases are identified	
	People in congregate living settings (e.g., correctional institutions)	
Development partners	Local and international NGOs	• Understanding their role in the response • Coordinating with other response organisations and national public health coordinating institutions • Access to credible information, reputation management
Businesses, trade, and industry	SMEs, Corporate organisations, trade and manufacturing companies	• Employee safety • Interruptions in business • Loss of revenue • Liabilities and reputation

Across the audience segments, communication needs should be anchored on the following key areas, ensuring a holistic and culturally sensitive communications strategy that effectively reaches all segments of the population in response to the mpox outbreak.

1. Accurate and timely information

- Accurate, detailed, and up-to-date information on Mpox symptoms, and preventive measures.
- Simple, clear, and actionable information on Mpox prevention, symptoms, and when to seek medical help.
- Easy-to-understand visual aids and materials for those with limited literacy.

- Consistent and aligned messaging with other key global and regional health bodies to mitigate confusion.

2. Gender sensitive

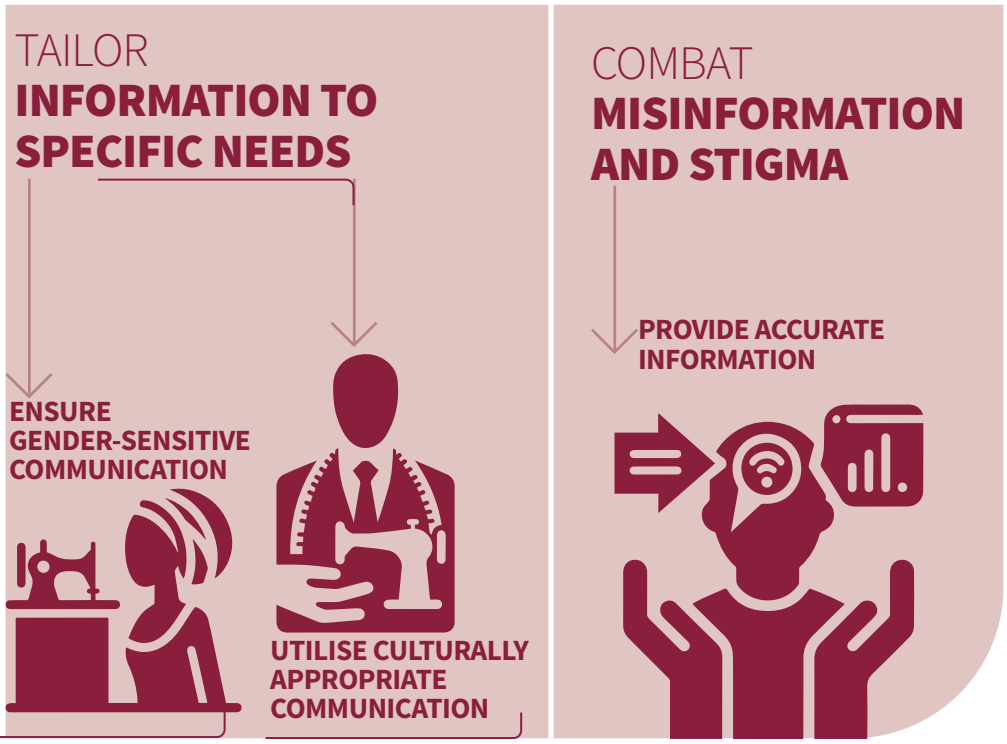
- Intersectional analysis that account for cultural and social norms that affect access to information
- Address gender-specific healthcare roles, recognising that female healthcare workers may have different informational needs or face unique challenges.
- Use gender-inclusive language
- Avoid reinforcing harmful stereotypes or stigma
- Ensure translations maintain gender sensitivity
- Create content that reflects diverse gender experiences

3. Community centric

- Incorporate local languages and dialects for training materials to ensure clarity and understanding.
- Inclusion of community leaders and influencers to spread accurate information and gain trust.
- Utilise culturally appropriate communication styles and respect traditional medical practices when integrating new information.
- Information on available healthcare services and how to access them.

4. Addresses stigma, misinformation and disinformation

- Supportive messages that address fears and reduce stigma.
- Use appropriate tools to understand drivers of misinformation and disinformation and design appropriate responses



3

Key Messages

Key messages are concise, can be repeated consistently (in local language) and convey positive action (*Table 2*). Each tailored message addresses each audience segment identified above and aligned with an intended target behaviour change. The menu of supporting messages can be used based on the perceived, data-informed, need from the analysis conducted (e.g., social listening) by the risk communications team.

3.1 Objectives

- Raise awareness about Mpox prevention, symptoms, treatment, and reducing stigma.
- Provide accurate, consistent, and timely information to various audience at-risk for acquisition of mpox as well as keeping the general public informed.
- Foster trust and reduce misinformation, disinformation and stigma around Mpox.

Table 2: Audience segment and key messages

AUDIENCE	TARGET BEHAVIOUR	SINGLE OVERARCHING COMMUNICATION OUTCOME (SOCO)	KEY MESSAGE	SUPPORTING MESSAGES
General public, at-risk groups	Staying informed about symptoms, isolation at home and testing	People are familiar with mpox symptoms and are empowered to isolate at home and get tested if they get sick.	E.g., If you have had close contact with someone with mpox, you may be at risk. These are the symptoms of mpox [insert symptoms in local language]. Stay informed about the symptoms and monitor your health closely. Use generic messaging on Mpox prevention and control, signs and symptoms, treatment, vaccination (If available).	• Know the symptoms of mpox, which may include fever, body aches, swollen lymph nodes, and a rash that develops into lesions. If you experience these symptoms, isolate at home, contact your local healthcare provider and get tested. • If someone in your family or household has mpox, arrange for them to isolate in a separate room, if possible. • Mpox illness usually lasts 2-4 weeks and people with the virus may experience all or only a few symptoms. If you have a new or unexplained rash or other symptoms, contact a healthcare worker or the nearest clinic to get tested. • Have open conversations with those you come into close contact with (including sexual contact) about any symptoms you or they may have.

Table 2: Audience segment and key messages

AUDIENCE	TARGET BEHAVIOUR	SINGLE OVERARCHING COMMUNICATION OUTCOME (SOCO)	KEY MESSAGE	SUPPORTING MESSAGES
General public, at-risk groups	Information sharing and combating misinformation and stigma	People share accurate information about the virus and use non-discriminatory language when they talk about mpox.	E.g., Mpox is a viral illness that can affect anyone, regardless of their age, gender, sexual orientation, or lifestyle. Emphasise the modes of transmission (or acquisition) to prevent stigma and discrimination, as well as address rumours and misinformation.	• Transmission of mpox is not limited to any specific group and misconceptions about its transmission can lead to stigma. Being informed about the current situation in your community is key to protecting yourself and your community. • Prevent misinformation by sharing only reliable, evidence-based and non-stigmatising information from trustworthy sources, like your local health authorities, NCI, Africa CDC or WHO. Avoid spreading unverified claims as these can contribute to fear and misinformation. • Stigma can deter people from seeking care or sharing information. It is crucial to use respectful language and treat individuals affected by mpox with compassion and support, rather than judgment. • Share trusted information about mpox with your community. Educating others helps create a more informed community and reduces stigma associated with the disease. • Encourage individuals to ask questions, share knowledge, and talk about mpox openly. • Building a supportive community can help eliminate fear and misinformation.
General public, at-risk groups	Reducing close contact, practicing hand hygiene, staying informed	People adhere to protective behaviours to reduce their risk of contracting mpox.	E.g., You can reduce your risk of contracting (or acquiring) mpox by limiting close contact with people who have suspected or confirmed mpox, practicing hand hygiene and staying informed through verified and trusted sources. Use generic messaging on Mpox prevention and control, signs and symptoms, treatment, vaccination (If available)	• Avoid close contact with people who have a rash that looks like lesions or blisters or who show other symptoms of mpox. • Practice safe behaviours, including cleaning hands regularly with soap and water or an alcohol-based hand sanitiser, reducing close contact during outbreaks, to minimise the risk of transmission. • Avoid sharing personal items like towels or utensils, and practice good hygiene by washing your hands frequently. • If someone in your family or household has mpox, arrange for them to isolate in a separate room. • Follow local health authorities and trusted sources for updates on mpox. Stay aware of community resources available for testing, vaccination, and support.
General public, at-risk groups	Vaccine uptake	People are empowered to get vaccinated against mpox, if the vaccine is available and vaccination is recommended.	E.g., Mpox is a preventable disease, and vaccination is an important part of stopping the spread of the virus. If you fall within an at-risk group, particularly in an area with an outbreak of mpox and where vaccines are available, consider vaccination against mpox as soon as possible. Use generic messaging on Mpox prevention and control, signs and symptoms, treatment, vaccination (If available)	• WHO recommends vaccines for people who have been close contacts of someone who has mpox, or people who belong to a group at high risk of exposure to mpox. • If you are at high risk of contracting mpox - get vaccinated. It takes four weeks after being vaccinated to develop immunity (or two weeks after a 2-dose vaccine). • If you think you have been exposed to mpox, post-exposure vaccination is recommended, ideally within 4 days from possible exposure.

Table 2: Audience segment and key messages

AUDIENCE	TARGET BEHAVIOUR	SINGLE OVERARCHING COMMUNICATION OUTCOME (SOCO)	KEY MESSAGE	SUPPORTING MESSAGES
People with suspected or confirmed mpox	Isolation, proper hygiene, symptom management, supporting mental health and managing stress	People know what steps to take to prevent further spread of mpox.	E.g., If you have mpox, you should isolate at home until you are no longer infectious in order to protect others. You can do this safely, even if you live with others, by avoiding contact and being careful about hygiene and sanitation.	• If you begin to experience symptoms or test positive for mpox, isolate at home to prevent the virus's spread. Contact your healthcare provider right away for guidance on testing and treatment. • Your healthcare provider will help you decide if you should be cared for in hospital or at home. This will depend on your current condition, whether you have risk factors that make you susceptible to developing more serious symptoms, and whether you can minimise the risk of infecting anyone you live with. • If you are experiencing symptoms of mpox, wash your hands frequently with soap and water or hand sanitizer, especially before and after touching sores. • If you have tested positive, isolate yourself from others until your rash has crusted over, the scabs have fallen off and a new layer of skin grows underneath. This will help protect anyone else from becoming infected. • To protect others from contracting mpox, wear a medical mask and cover lesions when around other people until your rash heals, avoid touching items in shared spaces and disinfect frequently touched objects. • If you are isolating at home, protect others you live with by self-isolating in a separate room and if possible, using a separate bathroom, or cleaning after each use. • While you are still infectious, it is important not to share items such as utensils, towels, objects, electronics and bedding, and to avoid close contact. If you must share items, make sure they are completely cleaned between uses. • If someone in your family or household has mpox, arrange for them to isolate in a separate room and assist them with their daily tasks so they can isolate. • Having mpox can be stressful. Consider reaching out to trusted friends, family members or peer support groups to talk about your experiences if you feel this might help. • If you are isolating at home, you may need support with shopping or getting basic supplies. • Consider asking your friends, family or neighbours for help should you need to. Make sure they leave your provisions (or groceries)/ supplies at the door, so you can avoid close contact.

Table 2: Audience segment and key messages

AUDIENCE	TARGET BEHAVIOUR	SINGLE OVERARCHING COMMUNICATION OUTCOME (SOCO)	KEY MESSAGE	SUPPORTING MESSAGES
Health workers	Safely caring for patients and wearing PPE	Health workers practice protective behaviours when treating patients with mpox symptoms and wear PPE during exams.	E.g., Health workers are at higher risk for exposure to mpox. Be aware of your risks and mpox symptoms and take infection prevention and control (IPC) measures to protect yourself. Consider messages on IPC and on how to protect themselves and other patients from onward acquisition (transmission) in health care facilities; how to identify symptoms of monkeypox; how to communicate to their community	• If you have had direct contact with patients confirmed or suspected of having mpox, you are at increased risk of mpox. Stay vigilant and monitor yourself for any symptoms. • Be familiar with the symptoms of mpox, which can include fever, headache, muscle aches, swollen lymph nodes, and a skin rash which changes over time. If you experience any of these symptoms, act promptly. • Ensure you properly use PPE when caring for patients with mpox, including any necessary gloves, gowns, medical masks, and eye protection as required by your local health authorities.
	Self-isolation, vaccination and case reporting	Health workers are empowered to isolate if they experience symptoms and to receive a vaccine.	E.g. If you are exposed to mpox, be sure to follow recommended procedures and isolate, seek testing, and vaccination where possible. It is also important to report cases to health authorities [include available reporting channels or platforms]	• If you think you may have been exposed to mpox, quickly seek guidance based on your hospital protocol, a health care provider or local public health authority. • If you develop any mpox-like symptoms, isolate at home immediately. Seek guidance from your healthcare supervisor (per hospital protocol) regarding testing and further actions. • If you are not already vaccinated against mpox, consult with the hospital in-line with hospital protocol, a health care provider or local public health authority about the availability of vaccine, particularly if you've had high-risk exposure. • Report any suspected exposure to your healthcare facility's infection control team immediately. Timely reporting allows for proper assessment and necessary follow-up measures.
	Staying informed and communicating openly about mpox	Health workers share accurate information about mpox and talk openly about the disease with their peers and community.	E.g. As health workers, one of the best ways to stay safe, on and off the job, is to stay informed and communicate clearly about mpox. Stay up to date on the latest recommendations and best practices related to mpox and take care of your health by assessing up-to-date information through [insert channels]	• Keep up to date and feel free to ask for (or access) the latest guidance and recommendations from local health authorities regarding mpox management, exposure, and infection control practices. • Connect with colleagues for support and information sharing. Maintain open lines of communication to help alleviate stress and ensure everyone is informed about best practices. • Take care of your mental and emotional health. Facing infectious diseases can be daunting. Seek support or use available mental health resources to help manage stress and anxiety. • Share information about mpox with your patients and fellow health workers. Educating others helps create a more informed community and reduces the stigma associated with the disease.

Table 2: Audience segment and key messages

AUDIENCE	TARGET BEHAVIOUR	SINGLE OVERARCHING COMMUNICATION OUTCOME (SOCO)	KEY MESSAGE	SUPPORTING MESSAGES
Sex workers and their clients	Staying informed, safe sex, vaccination and open conversations about mpox	Sex workers and their clients adhere to protective behaviours to reduce their risk of contracting mpox and have open and non-judgmental conversations about mpox with their sexual partners and clients.	E.g., Mpox can affect anyone. Sex workers and people with multiple sexual partners are at higher risk of being exposed to the virus. If possible, reduce your risks by limiting the number of your sexual partners or clients and getting vaccinated, if the vaccine is available to you. Consider messages that focus on the risk of contracting monkeypox through sexual contact and intercourse with someone who has symptoms: close skin-to-skin contact during sex, including kissing, touching, and oral and penetrative sex. Mouth-to-skin contact where skin or mouth lesions are present. Use of contaminated sex toys as a potential vehicle of spread – emphasise responsible use and need to be kept clean. Include the role of condoms but emphasise that condoms cannot offer full protection against its acquisition.	• Check yourself regularly for symptoms such as fever, body aches, swollen lymph nodes or a rash. If you develop any symptoms, contact your local healthcare provider and avoid having sex until you get tested for mpox. • Clean your hands regularly using soap and water or an alcohol-based hand sanitizer. Wash clothing, bedding, towels, objects and surfaces more often than usual. For example, change towels and bed sheets between clients, if possible. Clean objects, surfaces, sex toys and electronic gadgets with soap and water and household disinfectant. • If it is possible, avoid close contact with family, friends, housemates, partners or clients who have or may have mpox. If a client has symptoms that could be mpox, such as rash or lesions, swollen lymph nodes, consider waiting until after they have a test result to have sex. • Have open, non-judgmental conversations with close contacts, partners and clients. If safe, appropriate and possible, exchange contact details so that you can let each other know if you get symptoms, even if you were not planning to see each other again. • Reduce your risk of contracting mpox by limiting the number of sexual partners, if it is realistic for you to do so. Condoms will prevent some STIs. Because they act as a barrier, they may reduce your risk and could help reduce painful symptoms should you get mpox, but they will not fully prevent you from acquiring the virus from sexual contact. • If you are eligible, get vaccinated against mpox. Vaccination is a powerful tool in preventing infection and protecting you, your sexual partners and your community.

Table 2: Audience segment and key messages

AUDIENCE	TARGET BEHAVIOUR	SINGLE OVERARCHING COMMUNICATION OUTCOME (SOCO)	KEY MESSAGE	SUPPORTING MESSAGES
People with multiple sexual partners, including men who have sex with men	Staying informed, safe sex, vaccination and open conversations about mpox	People who sometimes or often have multiple sexual partners adhere to protective behaviours to reduce their risk of contracting mpox and have open and non-judgmental conversations about mpox with their sexual partners.	E.g., Mpox can affect anyone. Sex workers and people with multiple sexual partners are at higher risk of being exposed to the virus. If possible, reduce your risks by limiting the number of your sexual partners or clients and getting vaccinated, if the vaccine is available to you. Consider messages that focus on the risk of contracting monkeypox through sexual contact and intercourse with someone who has symptoms: close skin-to-skin contact during sex, including kissing, touching, and oral and penetrative sex. Mouth-to-skin contact where skin or mouth lesions are present. Use of contaminated sex toys as a potential vehicle of spread – emphasise responsible use and need to be kept clean. Include the role of condoms but emphasise that condoms cannot offer full protection against its acquisition.	• Check yourself regularly for symptoms and ask your sexual partners to do the same. If you develop symptoms such as fever, body aches, swollen lymph nodes or a rash, contact your local healthcare provider. • Reduce the risk of getting mpox by reducing the number of sexual partners you have or by taking a break from sex. Avoid activities like group sex and sex-on-premises venues (saunas, sex clubs or bars) can also reduce your risk of acquiring mpox. • If you are eligible, get vaccinated against mpox. Vaccination is a powerful tool in preventing infection and protecting you, your sexual partners and your community. • If you've had a vaccine, be aware that full protection can take up to four weeks after a 1-dose vaccine or two weeks after the second dose of a 2-dose vaccine – taking a break from sex until you have full protection is a good idea. • Have open, non-judgmental conversations about mpox. Swap contact details with new sexual partners and agree to let each other know if you develop symptoms or feel unwell. • Condoms will prevent some STIs (sexually transmitted infections). Because they act as a barrier, they may reduce your risk and could help reduce painful symptoms should you get mpox, but they will not fully prevent you from acquiring the virus from sexual contact.

Table 2: Audience segment and key messages

AUDIENCE	TARGET BEHAVIOUR	SINGLE OVERARCHING COMMUNICATION OUTCOME (SOCO)	KEY MESSAGE	SUPPORTING MESSAGES
People living with HIV including those who are not aware of their HIV status	HIV testing, treatment and vaccination for mpox	People living with HIV know their HIV status, are actively following their HIV treatment protocols and are seeking vaccination for mpox, if available to them.	E.g., People with undiagnosed HIV and/or advanced HIV disease are more likely to develop severe symptoms and complications from mpox. Reduce your risk of severe mpox by knowing your HIV status, by being consistent with your HIV treatment and getting vaccinated against mpox, if the vaccine is available to you.	• If you think you could have HIV or don't know your status, get tested. If you test positive for HIV, taking antiretroviral therapy will reduce your risk of severe mpox disease. • People living with HIV who achieve viral suppression through antiretroviral treatment do not appear to be at any higher risk of severe mpox than the general population. Keep up with your HIV treatments and get tested if you think you may have mpox. • If you have missed appointments or your HIV care and treatment has been interrupted for some reason, it is important that you re-engage with services as soon as possible to ensure you have the best possible protection should you be exposed to mpox or other viruses. • Keep HIV under control through consistent treatment to help strengthen your immune system, making it easier for your body to fight off infections like mpox. If you have been in close contact with someone with mpox or are experiencing symptoms, seek immediate medical advice and get tested. • Mpox treatments are safe and may be used to treat people living with HIV. If you have HIV, ask your healthcare provider about what mpox treatment you should consider if you develop any symptoms or fall ill. Get vaccinated if the vaccine is available to you. • Have open, non-judgmental conversations about mpox with your sexual partners and the people around you. Stay in touch and let each other know if you get mpox symptoms. • If you don't have HIV but have been prescribed pre-exposure prophylaxis (PrEP) or post-exposure prophylaxis (PEP) to prevent HIV infection, keep taking your medicine as prescribed. PrEP and PEP are still effective even if you get mpox and you are receiving mpox treatment.

Table 2: Audience segment and key messages

AUDIENCE	TARGET BEHAVIOUR	SINGLE OVERARCHING COMMUNICATION OUTCOME (SOCO)	KEY MESSAGE	SUPPORTING MESSAGES
People who are travelling	Being informed, seeking accurate information and medical care, managing symptoms and proper hygiene	People know the risks associated with gatherings, attending events such as festivals, and travelling to locations where mpox may be a risk or to countries where mpox is reported, and are vigilant about staying informed, managing their symptoms and seeking medical care if needed.	E.g., If you have travelled to areas or participated in events where mpox cases have been reported or have had close contact with someone suspected or confirmed to have mpox, you may be at risk. Stay informed about your potential exposure, check yourself for symptoms and get vaccinated, if the vaccine is available.	• Before travelling or attending the event, check for health advice related to mpox on your journey or at your destination. You may be at risk if you are in contact with someone with mpox during your journey, during events you attend, at your destination, or on your return journey. Make sure you carefully follow the local public health recommendations. • Be vigilant for symptoms of mpox, such as fever, rash, swollen lymph nodes, and body aches. If you start experiencing any of these symptoms, do not wait—seek medical attention immediately. • If you think you may have been exposed to mpox or develop symptoms after travelling or at an event, inform your healthcare provider about your travel dates, locations and activities. This information can aid in a timely evaluation and appropriate testing. • Wash your hands frequently, use hand sanitizer, and avoid close contact with people who are sick. Good hygiene reduces your risk of infection during and after your travels. • If you believe you may have been exposed to mpox while traveling or at an event and you develop symptoms, contact a local health facility to arrange for testing as soon as possible. • Early diagnosis is key to effective treatment and preventing further transmission. • Look for travel guidance or local public health information that provides guidance on mpox. Familiarise yourself with testing and vaccination options available upon return to your home country
Hunters and people handling or preparing wildlife or its parts	Staying informed, avoiding hunting in areas with mpox reported, safe food preparing practices	Hunters take necessary precautions when hunting and preparing hunted wildlife to avoid contracting mpox.	E.g. Mpox is a viral disease that can affect both humans and animals. Humans can be infected by scratches and bites from infected animals or during activities such as hunting, skinning, trapping, or preparing a meal which is not cooked thoroughly.	• Familiarise yourself with the symptoms of mpox and discuss safety measures with your fellow hunters. Always wear gloves when going hunting and thoroughly wash your hands and any tools post-hunt. • Take precautions to avoid being bitten or scratched by wild animals. • Keep your children away from wild animals or hunting practices that may be unsafe. • If you encounter wildlife that appears ill (such as lesions or unusual behaviour), do not touch the animal and report it to local wildlife authorities immediately. • Do not touch, or allow your children to touch, any animals which are already dead. • Ensure all hunting meat or food containing wildlife parts is cooked at safe temperatures before eating, to eliminate potential risks. • Check for local health advice and wildlife reports in your hunting areas. If specific regions or animals are highlighted by local community leaders or health authorities, consider adjusting your hunting plans accordingly.

Table 2: Audience segment and key messages

AUDIENCE	TARGET BEHAVIOUR	SINGLE OVERARCHING COMMUNICATION OUTCOME (SOCO)	KEY MESSAGE	SUPPORTING MESSAGES
People with mpox who might have contact with live animals	Isolation, cleaning and disinfection	People know what steps to take to prevent the spread of mpox to animals they are in direct contact with.	E.g., If you have contracted mpox, avoid direct contact with animals, including domestic pets, livestock, and other captive animals, as well as wildlife until your mpox symptoms have fully resolved (scabs have fallen off).	• Animals can get infected too. Avoid close contact with your domestic animals (pets or livestock) if you have mpox. Ask your neighbour or a friend to take care of your animals until you have fully recovered. • We know you love your pet. If you have mpox do not pet, cuddle, hug, kiss, share sleeping areas, or share food with pets until you are fully recovered. • Keep possibly contaminated materials away from your pets or other animals, including linens, towels and clothing from a person with mpox. Wash such materials separately from other household laundry with soap and hot water (<60°C), or soak in chlorine if hot water is not available. • Frequently clean potentially contaminated surfaces with household disinfectants to protect your pets or domestic animals. • If your pet or animal develops symptoms or exhibits strange behaviour within 21 days (about 3 weeks) after coming in contact with you or any person who has mpox, contact your veterinarian immediately and test the animal for mpox, to confirm the case and rule out an alternate diagnosis. • If your animal or pet might have mpox, do not allow it to come into contact with other animals or people. Only allow authorised professionals with appropriate PPE (personal protective equipment), to attend to the animal until the animal has recovered completely.

3.2 Communication Channels and Tools

Communication channels include use of social media, traditional media, community-oriented channels to enable the dissemination of credible, certifiable, trusted and consistent messages using various tools to target different audiences (*Table 3*).

Table 3: Communication channels and tools, by audience

AUDIENCE	EXAMPLE	CHANNEL/PLATFORM	TOOLS
Primary at-risk populations	Healthcare workers and first responders, Personnel handling viral samples (laboratory staff, hospital cleaners)	Social media - *Facebook, X (formerly Twitter), LinkedIn, Instagram, WhatsApp* Groups	Infographics, videos, live Q&A sessions, updates, reels Public service announcements, informational segments, articles, advertisements
		Traditional media – TV, radio broadcasts, newspapers, magazines	
		Professional medical networks	
		Education materials	Pamphlets, brochures, e-learning modules, training workshops, webinars
	Men who have sex with men (MSM) community, particularly those with multiple partners, Sex workers	*Facebook, X (Twitter), Instagram*, *WhatsApp* Groups, dating apps, Closed social media applications or groups, social media accounts from trusted influencers, existing trusted community networks, popular event registration channels, familiar medical provider networks	Infographics, reels
	People who have close contact with infected individuals (e.g., family members of infected persons)	Social media - *Facebook*, X(*Twitter), LinkedIn, Instagram, WhatsApp* Groups	Infographics, videos, live Q&A sessions, updates
		Traditional media – TV, radio broadcasts, newspapers, magazines	Public service announcements, informational segments, articles, advertisements
		Community based and civil society organisation, general public service announcement	
	People in contact with wild animals in East, Central and West Africa	Traditional media – TV, radio broadcasts, local newspapers, magazines	Public service announcements, informational segments, articles, advertisements, existing trusted community networks of hunters, meat sellers

Table 3: Communication channels and tools, by audience

AUDIENCE	EXAMPLE	CHANNEL/PLATFORM	TOOLS
Healthcare providers	Primary care physicians, Emergency department staff, public health workers, Community health workers	Social media - *Facebook, X (Twitter), LinkedIn, Instagram, WhatsApp* Groups	Infographics, videos, live Q&A sessions, updates
		Traditional media – TV, radio broadcasts, newspapers, magazines	Public service announcements, informational segments, articles, advertisements
		Education materials	Pamphlets, brochures, e-learning modules, training workshops, webinars
	Sexual health clinics	Education materials	Pamphlets, brochures
Public health stakeholders	Local and state health departments/ Ministries of health (national and subnational)	Social media - *Facebook, X (Twitter), LinkedIn, Instagram, WhatsApp* Groups Traditional media – TV, radio broadcasts, newspapers, magazines	Infographics, videos, live Q&A sessions, updates, reels Pamphlets, brochures, e-learning modules, training workshops, webinars
	Public health officials		
	Policy makers		
	Disease surveillance teams		
Community organisations	LGBTQ+ advocacy groups	Community dialogues, Advocacy visits, stakeholder engagement, Trusted influencer networks	Pamphlets, brochures, training workshops, webinars
	Sexual health organisations		
	Community centres		
	Religious institutions		
	Civil society organisations (CSOs)		

Table 3: Communication channels and tools, by audience

AUDIENCE	EXAMPLE	CHANNEL/PLATFORM	TOOLS
General public	Media and Media consumers	Advisory, press update, fact sheets	Pamphlets, brochures, training workshops, webinars
	Local communities	Community dialogues, Advocacy visits, stakeholder engagement, Trusted influencer networks	Pamphlets, brochures, fact sheets
	Travelers	Local media sources, social media, social media, traditional media, points of entry education materials	Advisory, press update, Pamphlets, brochures, fact sheets
	Educational institutions – universities and schools	Local media sources, social media, social media, traditional media, health education/promotion events	Pamphlets, brochures, training workshops, webinars, fact sheets, advisory, webinars, seminars, peer groups
Special consideration groups	People with compromised immune systems	Local media sources, social media, healthcare workers	Pamphlets, brochures, fact sheets, Advisory, guidelines, SOP
	Pregnant women	Hospital-based antenatal care groups, Women/ gynaecology clinics, Women health apps	Pamphlets, brochures, fact sheets
	Children in settings where cases are identified	Local media sources, social media, healthcare workers, community health workers	Pamphlets, brochures, fact sheets, Advisory, guidelines, SOP
	People in congregate living settings (e.g., correctional institutions, IDPs)	Local media sources, social media, healthcare workers, radio broadcasts, newspapers, magazines	Pamphlets, brochures, fact sheets, Advisory, guidelines, SOP
Development partners	Local and international NGOs	Local media sources, social media, Traditional media – TV, radio broadcasts, newspapers, magazines	Communication guidelines, templates, fact sheets, SOPs
Businesses, trade, and industry	SMEs, Corporate organisations, trade and manufacturing companies	Traditional media – TV, radio broadcasts, newspapers, magazines	Public service announcements, informational segments, articles, advertisements

3.3 Managing Mpox Infodemic and Analysing Data

Millions of daily conversations by members of various communities can provide a better understanding of how the multi-country outbreak of mpox outbreak is perceived, understood and discussed. The following six (6) steps are useful to achieve this goal in managing mpox infodemics[2].

2 WHO - https://iris.who.int/bitstream/handle/10665/370317/9789240075658-eng.pdf?sequence=1



Figure 1 Six steps in managing mpox infodemic

3.3.1 Key Activities

- **Regular Reporting:** Daily/weekly reports on performance metrics for each communication tool and channel.
- **Surveys and Feedback:** Conduct surveys and gather feedback from target audiences to assess effectiveness and areas for improvement. Deploy mechanisms for receiving feedback on key messages.
- **Data Analysis:** Analyse data to identify trends, measure impact, and adjust communication strategies accordingly.
- **Review:** Frequent and timely review meetings (monthly or quarterly) by risk communication teams to discuss findings, share lessons learned, and refine the communication plan.

3.3.2 Performance Metrics

Across communication channels deployed, the following defined performance metrics are essential to measure effect of communication strategies are detailed in Table 4 below.

Table 4: Performance metrics across communication channels

COMMUNICATION CHANNEL	PERFORMANCE METRICS
Social media	• Engagement rates (likes, shares, comments) • Reach and impressions • Click-through rates (CTR) • Sentiment analysis
Traditional media	• Audience reaches (viewership/listenership/readership) • Frequency of airplay/publication • Media mentions and coverage analysis • Feedback and call-to-action responses
Community outreach	• Attendance and participation rates • Pre- and post-event surveys to assess knowledge gain an attitudes • Number of materials distributed • Community feedback and engagement levels
Educational materials	• Distribution volume and reach • Completion rates for e-learning modules • Feedback from healthcare professionals and the public • Knowledge assessments and quizzes

4

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Appendices

Appendix 1 - Proof Points

This document includes proof points that correspond with studies based on the evolving evidence on the epidemiology and response to mpox across Africa. These studies support the key messages across audience segments.

1. The study explores the clinical characteristics and outcomes of mpox during the 2022 outbreak in Nigeria. It includes 160 cases from 22 treatment centres, noting a high incidence of complications and hospital admissions. Key findings indicate that patients with advanced HIV and co-infections, especially with varicella-zoster virus, faced more severe disease. Severe cases showed extensive rashes and were more likely to result in sepsis, the main cause of death among the cases studied.

   Proof points:

   - **High Severity and Hospitalisation**: Almost half of the patients required hospitalization due to severe symptoms and complications.
   - **Risk Factors:** Patients with advanced HIV and those with varicella-zoster co-infections had a higher risk of severe mpox symptoms and complications, highlighting the need for targeted prevention in these populations.
   - **Integration with HIV Care:** The study suggests integrating mpox treatment with HIV care, given the high overlap and impact on patient outcomes.

   Source - Ogoina, Dimie et al. (2023). Clinical characteristics and predictors of human mpox outcome during the 2022 outbreak in Nigeria: a cohort study. The Lancet Infectious Diseases, Volume 23, Issue 12, 1418 – 1428

2. This study focused on Nigerians' knowledge and perceptions about monkeypox (mpox) following its 2022 outbreak. Conducted through an online survey with 822 educated respondents, it found that while 89% of participants were aware of mpox, only around 59% had good knowledge of the disease. Common gaps included understanding the incubation period, symptoms, transmission methods, and preventive measures.

   Proof Points:

   - **Awareness vs. Knowledge:** Despite high awareness, many lacked complete knowledge about mpox, especially in areas like asymptomatic cases and sexual transmission.
   - **Socio-demographic Insights:** Men, those with a Ph.D., and homosexual respondents showed higher awareness levels.
   - **Prevention Views:** A large majority (79%) believed in the potential to prevent future outbreaks, emphasising improved hygiene, early alert systems, and better human-animal health monitoring.

   Source - Al-Mustapha AI, Ogundijo OA, Sikiru NA, et al. A cross-sectional survey of public knowledge of the monkeypox disease in Nigeria. BMC Public Health. 2023;23(1):591. Published 2023 Mar 29. doi:10.1186/s12889-023-15398-0

3. Historically, human mpox was a rare, self-limiting disease mostly found in rural African areas, affecting children with symptoms like fever and skin rashes. However, the 2022 global outbreak saw an increase in human-to-human transmission, especially through sexual contact among men who have sex with men. This outbreak led to new symptoms, including anogenital lesions, and was more severe among people with advanced HIV.

Transmission and Symptoms

- Mpox spreads through close contact with infected individuals, animals, or contaminated materials. Symptoms depend on how the virus enters the body and include fever, muscle aches, and a rash that typically appears 1-3 days after initial symptoms. The rash often starts on the face or genitals and spreads, with lesions evolving from spots to pustules before forming scabs.

Vulnerable Groups

- Children, pregnant women, and individuals with compromised immune systems, particularly advanced HIV patients, face higher risks of severe complications, such as secondary infections, pneumonia, or, in rare cases, brain inflammation. People with smallpox vaccinations from childhood have shown some immunity, and a newer vaccine has helped reduce symptoms in recent cases.

Management and Treatment

- Care is primarily supportive, addressing symptoms like pain, fever, and secondary bacterial infections. Severe cases may receive antiviral drugs on a compassionate basis, as no specific approved treatments are yet available.

Proof Point

- The mpox outbreak in 2022 highlighted the evolving nature of viral diseases and the need for adaptable healthcare responses. This case underlines the importance of vaccination, timely diagnosis, and targeted care strategies for high-risk populations.

Source - Ogoina D, Damon I, Nakoune E. Clinical review of human mpox. Clin Microbiol Infect. 2023;29(12):1493-1501. doi:10.1016/j.cmi.2023.09.004

Appendix 2 - Spokespersons

This section aims to equip spokespersons with the tools and information needed to deliver clear, consistent, and accurate messages about Mpox. Following these guidelines will help build trust and ensure the public and stakeholders receive reliable information.

2a. Core Messaging Principles

- **Accuracy:** Ensure all information shared is accurate and based on the latest scientific evidence and public health guidelines.
- **Clarity:** Use clear, simple language that is easy for all audience segments to understand.
- **Consistency:** Maintain consistency in messaging across all communication channels to avoid confusion.

- **Empathy**: Address concerns with empathy, acknowledging the emotional and psychological impact of Mpox on affected individuals and communities.
- **Transparency:** Be transparent about what is known, what is not known, and what is being done to gather more information.

2b. Key Activities

- **Preparation**
  - Review the latest data and guidelines from health authorities.
  - Prepare key messages and anticipate potential questions.
  - Rehearse delivering messages clearly and confidently.
- **During Communication**
  - Stick to the key messages and avoid speculation.
  - Use simple language and avoid technical jargon.
  - Address the audience with empathy and understanding.
- **Post-Communication**
  - Follow up with additional information or updates as needed.
  - Monitor feedback and questions from the public to address in future communications.

2c. Focus For Spokespersons

Consistent messages are vital!

Build trust and credibility by expressing
- Empathy and caring.
- Competence and expertise.
- Honesty and openness.
- Commitment and dedication.

Top Tips
- Don't over-reassure.
- Acknowledge uncertainty.
- Express wishes ("I wish I had answers").
- Explain the process in place to find answers.
- Acknowledge people's fear.
- Give people things to do.
- Ask more of people (share risk).

As a Spokesperson
- Know your organisation's policies.
- Stay within the scope of responsibilities.
- Tell the truth. Be transparent.
- Embody your agency's identify.

Prepare to Answer These Questions:
- Are my family and I safe?
- What can I do to protect myself and my family?
- Who is in charge here?
- What can we expect?
- Why did this happen?
- Were you forewarned?
- Why wasn't this prevented?
- What else can go wrong?
- When did you begin working on this?
- What does this information mean?

Stay on Message
- "What's important is to remember…"
- "I can't answer that question, but I can tell you…"
- "Before I forget, I want to tell your viewers…"
- "Let me put that in perspective…"

2d. Checklist And Templates

2di. First 48 Hours

Critical first steps after verification of a case of MPX

Notification

- Use your crises communication plan's notification list. Make certain that your chain of command has been notified and they know you are involved.
- Ensure that your leadership is aware of the emergency, especially if awareness of the event comes from the media and not the EOC. Let them know you are involved.
- Give leadership your first assessment of the emergency from a communication perspective and inform them of your next steps. Remember: Be first, be right, be credible.

Coordination

- Contact your national and subnational partner organisations and stakeholders
- Contact local security authority, if there is potential for criminal investigation or need for protection of key staff or stockpiled commodities
- Assume, secure and prepare for the role of a spokesperson as designated in the communication plan.
- Initiate alert notification and call in extra communication personnel, per the plan.
- Connect with the EOC and make your presence known.

Media

- **Be first:** Provide a statement that your agency/NCI/designated public health agency is aware of the MPX emergency and is involved in the response.
- **Be right:** Begin monitoring the media for misinformation that must be corrected.
- **Be credible:** Tell the media when and where to get updates from your agency/NCI/designated public health agency.
- **Give facts:** Do not speculate. Ensure partners, across all levels, are saying the same thing.

The public:

- Trigger your public information toll-free number operation (if available). Do this now if you anticipate that the public will seek reassurance or information directly from your organisation. Adjust hours of operation and the number of on-call managers as needed.
- Use your initial media statement as your first message.
- Ensure that your statement expresses empathy and acknowledges public

concern about the uncertainty.

- Give the precleared facts you have and refer the public to other information sources as appropriate.
- Remind people that your agency has a process in place to mitigate the crisis.
- Start call monitoring to catch trends or rumours now.

Partners and Stakeholders

- Send a basic statement to partners and stakeholders to let them know you are thinking about them. Get them involved as needed.
- Use your prearranged notification systems, preferably e-mail lists.
- Engage leadership to make important first phone calls, based on your plan. Have them reach partners and key stakeholders to let them know your agency is responding.
- Use the internal communication system, probably e-mail, to notify employees that their agencies are involved in the response and updates will follow. Ask for their support.

Resources

- Disseminate contact lists as appropriate.
- Conduct the crisis risk assessment and implement assignments and hours of operation accordingly.
- Stake out your preplanned place in the EOC or adjoining area.

2dii. Draft Mpox Outbreak Announcement Script

Draft outbreak announcement is released to inform the public of a public health concern or threat. They aim to engage, reassure and provide early guidance to health care workers, and the public, particularly to the most affected communities. It is important to communicate early, transparently and with empathy in the event of a possible or confirmed mpox outbreak to maintain public trust, acknowledge unknowns and communicate with empathy

This is a template that will need to be adapted to your local context:

On *[date]*, a *[country]* resident tested positive for mpox after developing *[describe symptoms: e.g. a rash, fever, muscle aches, etc.] [number of days]* prior. Contract tracing has been undertaken to identify any contacts who may have been exposed. The risk of onward transmission related to this case is currently *[low as the case was immediately isolated and contact tracing undertaken/high because we have not been able to trace all the individual's contacts].*

[Provide context re: what you know about the source of the infection – consider importance of avoiding stigmatising language].

[Country-specific response – describe what you are doing] Example: We have initiated public health investigations to better understand the situation. We are also implementing control measures, such as case finding and contact

tracing, as well as providing supportive care for patients.

[Country-specific response – define where the public can find information] Example: Over the coming days and weeks and as we find out more, we will regularly share information regarding risks associated with mpox and if you are an at-risk group, advice on how to avoid infection and protect your health. Please check *[a variety of places where members of your community access news and health information, e.g. the health authority website, social media accounts, national public service broadcaster, etc].* Members of the public can also call *[specific health service number if one exists]* if they have any questions regarding the disease. Country-specific response adapted to local context about mpox currently being seen in men who have sex with men (*if this is what is driving transmission in the area), and how to minimize stigma towards this group]* Example: Mpox cases are currently occurring mainly but not exclusively among communities of men who have sex with men. The disease, however, can affect anyone who comes in close contact with someone who is showing the symptoms of mpox, regardless of their sexual orientation. Stigma and discrimination because of a disease is never acceptable

2diii. Notification Schedule[3]

Immediate Response to MPX Inquiries

By phone to media:

- "We've just learned about the situation and are trying to get more complete information now. How can I reach you when I have more information?"
- "All our efforts are directed at bringing the situation under control, so I'm not going to speculate about the cause of the incident. How can I reach you when I have more information?"
- "I'm not the authority on this subject. Let me have XXXX call you right back."
- "We're preparing a statement on that now. Can I email it to you in about two hours?"
- "You may check our website for background information, and I will e-mail you with the time of our next update."

At a press conference or Q&A session with press availability:

Response to inquiries (you are authorised to give out the following information):

*Date:*_____*Time:*_____*Approved by:*_____

This is an evolving public health event, and I know that, just like we do, you want as much information as possible right now. While we work to get your questions answered as quickly as possible, I want to tell you what we can confirm right now:

At approximately _____ *(time)*, a *(brief description of what happened)*.

3 *Source:* CDC Public Health Training Network satellite and Web broadcast CDC Responds: Risk Communication and Bioterrorism, December 6, 2001, Barbara Reynolds, CDC Crisis Communication Plan, Draft 1999.

At this point, we do not know the number of *(persons ill, persons exposed, injuries, deaths, etc.)*

We have a system *(plan, procedure, operation)* in place to mount a robust response to this MPX outbreak and we are being assisted by (*EOC, xx agencies, development partners, xxxxx)* as part of that plan.

The situation is *(under)* / *(not yet under)* control and we are working with *(national and subnational level counterparts, local, state, federal)* authorities to *(contain this situation, determine how this happened, determine what actions may be needed by individuals and the community to prevent this from happening again).*

We will continue to gather information and release it to you as soon as possible. I will be back to you within *(amount of time, e.g., 2 hours or less)* to give you an update. As soon as we have more confirmed information, we will provide it. We ask for your patience as we respond to this emergency.

Effective crisis communication requires accuracy, clarity, consistency, empathy, and transparency. By following this guide, spokespersons can ensure they deliver reliable and trustworthy information about Mpox, helping to manage the crisis and support affected communities.

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